Name



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office:

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019) **2009 STATEMENT**

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

LAME L. IVICORMICK			☐ House	A Senate
Mailing address	Adamanta (India) (Indi		District	
633 HALLOWELL R	G		21	
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City, zip code WEST GARDINER	ME	04345	724-3	3228
	,			
PART 1. INCOM	E DERIVE	D FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employer from economic activity of each employer.	m whom yo	ou received compensation of \$1,000 or	more. Specify th	e principal type of
Name of Employer		Address		ne of Economic of Employer
STATE OF MAINES.	145+	ts Augusta Me 04333	STATE SI	ENATE
	maryone' (may 15 de 18 d		A market	
	A THE WATER AND THE COLOR	· .		
	OME DE			
		RIVED FROM SELF-EMPLOYMEN irs who are self-employed.)	e Saldarina adpisa (Sart	
A. List the name and address of your business, i associated with a partnership, firm, professional aentity.	if any, and	list the major areas of economic activity	y from which you o or areas of econor	derived income. If mic activity of that
Name and Address of Business Entity	and the second s	Major Areas of Economic Activity (self)	Ac (partnership, as	s of Economic ctivity sociation or similar ess entity)
Name:			NOOCH AND A STATE OF THE STATE	
Address:		B	Salah AAA BURAAA	
Name of	sheadashidheollasasaleshaillareasashaocaraocani			
Name:			stirituri Arramanita	
Address:			IORNIAMADA.Z.S.	
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PART 2 (continued). INCOME DERIVED FF (For Legislators who are self-er		MENT	
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	rson from whom you d	erived suc	th income. If this form of
Name and Address of Source		Activity of	ipal Type of Economic of Entity or Person Who is Source of the Income
Name:			
Address:	Society of the Soci		
Name:			
Address:			
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-			
List your major areas of practice. If associated with a law firm, list the major area	for the more of the first for the foreign of the fo	operation a section accompanies of all parties are	
Name and Address of Firm	Major Areas of Practice Major (self)		Major Areas of Practice (firm)
Name: Address:			
Name: Address:		engelekti i kolonia integration kap dipartima integra	
PART 4. OTHER SOURCES (List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		ifts. If non-	e, check the box.
	All Charles with the High Charles of Lotter and Linearith Lotter in 1971 and 1974 for the Anne and All Charles of Charles of Lotter of L	Henretustesparet und sein Leeran in ee	ilerandilered made och dersale olm sind 4000 kildadada habeleraturelle PMIII och Aufbelich Schiab
Name and Address of Source		(inve	Kind of Income stments, leases, etc.)
Name: DETENSE FINANCE & ACCOUNTING SERVICE Address: PO BOX 7130 LONDON, KY 40742-7130		PENSION	
Name: SOCIAL SEZURITY ADMINISTRATION Address: 1 AMAICA PLAZA JAMAICA NY 11432-3898		PENSION	
PART 5. REPORTABLE LIA	ABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loan			
None		e talannya talah dalah salah dalah salah dalah salah sal	
Name and Address of Creditor			pal Type of Economic activity of Creditor
Name:	Verageneedske		
Address:	**Y***********************************		
Name:	Action described to the control of t		
Address:			

PART 6	REPORTABLE GIFTS			
List the specific source of each gift of more than \$300. Incl none, check the box.	ude gifts with an aggregate	value of more	than \$300 from a single source. If	
None None	a animana umunna Nicere a animanti sistema animana a sa anima sa anima si anima si anima sa anima sa anima se			
Name of Source of Gift 1.		Name of	Source of Gift	
2.	4.	PRANTA MANATA MANTA LA TRANTA PARATA PARA	And the state of t	
PART 7. RI	EPORTABLE HONORAR	IA .		
List the source of any honoraria accepted for appearances or	speeches related to your leg	gislative respo	onsibilities. If none, check the box.	
M None				
Name of Source of Honoraria		Name of Soi	urce of Honoraria	
1.				
2.	4.	Pro-profit Pro		
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES		
List each executive branch agency before which you repres- box.	ented or assisted others for	compensation	of any amount. If none, check the	
None	in de Chairm (Chairm in hairm an Airmine an Lairmean Lairmeach Lairmeach Lairmean Lairmean an Airmine an Airmin	er e mont de la comune di se d'estra printipo de la constitución de la constitución de la constitución de la c	19 мания на на 19 дана в в в шан от што постоя на настоя на настоя на пред на 19 ма, в 19 ма, в 19 ма, в 19 ма да на 19 ма, в 19 ма	
Name of Agency		Name	of Agency	
1. 3.			iilideikin kalinistaan karamataa (taliinin kananna muuluka) talaa oo taruunna maanna eesta muunna sastailista muunna maanna maa	
2.	$oldsymbol{4}.$	ttiviiktiviiteittykkiintivakiepvittyskiittykiitt	Process of the base of the design of the des	
PART 9. BUSIN	IESS WITH STATE AGE	NCIES		
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods o	r services with a value in excess of	
None	eldek kalisaleh di Austra (Audite Eh Jeldaun Kreimund emakan Jenakan Jenakan Kreimunun Austran Jenakalah Jeldau	r er til sommer er er ell mår i å tremår er er å storriture er en lånde er ån tiller.	р он в может на выдражения на выполнения на подражения на подражения на подражения в подражения на подражения	
Name of Agency		Name	il over and an experiment of the experiment of the anti-section and an experiment of the experiment of	
1. 3.				
	en particular de la companya de la c	and		
PART 10. INCOME RECEIV	ED BY MEMPERS OF IM	MEDIATE	AMIL V	
List the type of economic activity representing each source	<u> </u>	vervilskýský újusectský		
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If y			
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship.	Kind of Income	
Name: DARLENG MCCoremick Job Title: SALES ASSOCIATE	1. RETAIL SALES 2.	Spouse or Domestic	1. EMPLOYMENT 2.	
OOD THE STILLS ASSUMITE	3.	Partner	3.	
If dependent children's receive more than \$1,000 of in		Dependent Child		
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child		
AND THE STATE OF T		Dependent Child		

	Pi	ART 11. OFFIC	ER OR DIRECTOR	POSITIONS		
any office, truste	t or nonprofit corporation, fin eship, directorship, or positi ed. If a family member listed	on of any nature.	Indicate whether you	or a family held the p	osition and whethe	
X None		CHAINAN MINISTERNA MARKAN M		WANTERSON MEETINGE OF THE PROPERTY OF THE PROP		
	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compen- sated?
<u>naahhhmahitaaaaariaaatora relitarioo dearreaderibusenheele</u>	and the second and th	vivorovorovorovorovorovorovorovorovorovo			MA EGAMERICANA AND CORPE (AND COMPANY OF THE METERS OF THE	:
						· · · · · · · · · · · · · · · · · · ·
			SIGNATURE			
Legislator wh	o willfully fails to file a req	uired statement	is subject to a fine o	of up to \$100. (1 N	1.R.S.A. § 1017-A	۸)
Sail	LMCLamJ Signature		<u></u>	Z/10/1	<i>O</i> ate	
	any additional informatio you are providing.		NAL INFORMATIOn additional sheets if		e the part or secti	on number for
Part/Section Number						
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